

CHANGING PARENTING TIME AND CHILD SUPPORT BUT THE CHILDREN'S RESIDENCE STAYS THE SAME

YOU CAN USE THIS PACKET IF ALL THIS IS TRUE:

- You have a parenting time order from Coconino County.
- You want to make a change to that order but you do not want to change the children's residence or legal decision-making.
- If the order says that you and the other parent have to go to mediation before asking for a change, you have already gone to mediation, or there's a good reason you have not.
- The other parent will not sign an agreement to the changes.

Before signing a court document or getting involved with a court case, it's important to see an attorney to make sure you understand your legal rights and responsibilities. The Self-Help Center has information on finding an attorney.

INSTRUCTIONS

STEP 1: FILL OUT THESE FORMS

- ☐ Petition to Change Parenting Time and Child Support
- ☐ Order Changing Parenting Time and Child Support
- ☐ Parent's Worksheet For Child Support Amount
- ☐ Child Support Order
- ☐ Income Withholding Order
- ☐ Order to Appear

STEP 2: FILE THE FORMS WITH THE COURT

Take or mail the original and two copies to the Clerk's Office in the Coconino County Courthouse at 200 N. San Francisco St., Flagstaff, AZ 86001.

Also take or mail the \$169 filing fee. If you have never paid an appearance fee in this case, also take or mail the appearance fee beside the type of case that first created your legal decision-making order.

Divorce or Legal Separation: \$284
Paternity and Parenting Time: \$279
Parenting Time: \$214

The Clerk's Office accepts cash, money orders, and cashier's checks payable to "Clerk of Superior Court". If you can't afford the fee, see the Self-Help Center packet *Getting Help With a Filing Fee*.

The Clerk will stamp your copies with the filing date and return them to you for your records. If you file by mail, include a self-addressed, stamped envelope and a note asking the Clerk to return the date-stamped copies to you.

STEP 3: SERVE THE FORMS ON THE OTHER PARTY

See the INSTRUCTIONS: SERVING COURT PAPERS ON THE OTHER PARTY in this packet.

STEP 4: IF EITHER PARENT IS A CLIENT OF CHILD SUPPORT ENFORCEMENT: DELIVER COPIES TO CHILD SUPPORT ENFORCEMENT

Mail or hand-deliver a copy of each form you filed to Assistant Attorney General, Child Support Enforcement, 2323 N. Walgreen St., Ste. 100, Flagstaff, AZ 86004.

STEP 5: THE COURT WILL MAIL YOU AN ORDER TO APPEAR

Read it carefully and follow all the instructions on it.

STEP 6: SERVE THE ORDER TO APPEAR ON THE OTHER PARTY BY 10 DAYS BEFORE THE COURT DATE

If the other party filed a Response to your Petition: Serve the Order to Appear by mailing or hand-delivering it to the other party. If the other party has an attorney, deliver it to the attorney.

If the other party did not file a Response to your Petition: Follow the INSTRUCTIONS: SERVING COURT PAPERS ON THE OTHER PARTY in this packet to serve the Order to Appear. If you fail to complete service on time, you may delay your case or need to start the process all over again.

STEP 7: GO TO THE HEARING

Bring your witnesses, three copies of your evidence, and a copy of every document you filed with the court in this case. Be prepared to tell the judge why you think the court should grant your requests.

Before the court date, watch the courts video *How to Represent Yourself in Court* online <http://www.youtube.com/watch?v=SfSclA2BkCk> to learn about procedures in court.

STEP 8: DELIVER TO THE OTHER PARTY EACH FORM THE COURT SIGNS

If you don't know the other party's whereabouts and the other party doesn't have an attorney: Skip this step.

1. Mail or hand-deliver to the other party a copy of each form the court signs. If the other party has an attorney, deliver them to the attorney.
2. Fill out the Affidavit of Delivery.
3. File the Affidavit of Delivery with the court.
4. Mail or hand-deliver a copy of the Affidavit of Delivery to the other party on the day you file it. If the other party has an attorney, deliver it to the attorney.

Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

COCONINO COUNTY SUPERIOR COURT

Petitioner's Name on the Current Parenting Time Order: _____ Case Number: DO _____

**PETITION FOR MODIFICATION OF
PARENTING TIME AND CHILD
SUPPORT**

Respondent's Name: _____

I STATE THE FOLLOWING UNDER OATH:

I am the ☐ Petitioner or ☐ Respondent. I'm asking the court to change the current parenting time order but I'm not asking to change the children's residence or legal decision-making.

The Current Order:

This court signed the current parenting time order on this date: _____

The part about parenting time that I want to change currently says:

The court signed the current Child Support Order on this date: _____. It orders monthly child support payments of: \$_____.

Mediation:

☐ The current parenting time order says we have to go to mediation before asking the court to change the order.

☐ We went to mediation on this date: _____, but we still disagree about these changes.

☐ We did not go to mediation because:

I ASK THE COURT TO CHANGE THE CURRENT ORDER AS FOLLOWS:

Change Parenting Time To:

☐ Order This Parenting Time Plan:

The children will be in Father's care at these times:

At the start of Father's time with the children, ☐ Mother will drop them off or ☐ Father will pick them up at this time: _____ at this location: _____

The children will be in Mother's care at these times:

At the start of Mother's time with the children, ☐ Father will drop them off or ☐ Mother will pick them up at this time: _____ at this location: _____

While we understand the court may enforce this drop-off and pick-up schedule, we will be reasonably flexible about it.

Other scheduling arrangements:

- ☐ During summer months or school breaks longer than four days not listed in the holiday schedule below, the children will be in ☐ Mother's or ☐ Father's care.
- ☐ We each are entitled to an annual _____-week vacation with the children. We will work out the details of the vacation at least _____ days in advance.
- ☐ Neither parent will travel with the children outside Arizona for longer than _____ days without the prior written consent of the other parent or order of the court.

We will inform each other of plans to travel out of the area with the children and of addresses and phone numbers where we and children can be reached during travel.

Holidays:

	Even Years		Odd Years	
	Mother	Father	Mother	Father
New Year's Eve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Year's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spring Vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 th of July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halloween	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thanksgiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Even Years		Odd Years	
	Mother	Father	Mother	Father
Hanukkah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Eve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Birthdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mother will have the children on Mother's Day and Father will have the children on Father's Day.				
<input type="checkbox"/> Each parent will have the children on that parent's birthday.				
<input type="checkbox"/> On three-day weekends, which include Martin Luther King Day, President's Day, Memorial Day, Labor Day, and Columbus Day, the children will remain in the care of the parent who has them for the weekend.				
Holiday times will begin and end as follows: _____				

Phone access:

- ☐ Each parent may contact the children by phone during the children's normal waking hours.
- ☐ Other: _____

Religion:

- ☐ Each parent may take the children to a place of worship of that parent's choice while the children are in that parent's care.
- ☐ The children may be instructed in the following faith: _____
- ☐ Religious arrangements do not apply to this Plan.

Communicating with each other: We will communicate with each other about the children ☐ by phone ☐ by email ☐ by text ☐ in person at least every _____ days.

We may change the parenting plan by written agreement only, except in an emergency.

Reviewing the plan: We will review this Plan every _____ months and ask the court for any necessary or desired changes.

Other: _____

☐ **Order Supervised Parenting Time:**

Unsupervised parenting time would seriously endanger the children's physical, mental, moral, or emotional health because:

Parenting time may take place only in the presence of another person, named as follows:

Other restrictions on parenting time:

The cost of supervised parenting time, if any, will be paid ☐ by the parent being supervised or ☐ by the custodial parent or ☐ equally by both parties.

☐ **Order No Parenting Time:**

Even supervised parenting time with the other parent would seriously endanger the children's physical, mental, moral, or emotional health because:

Change Child Support To:

The Parent's Worksheet for Child Support Amount dated _____ and filed with this Petition shows that ☐ Petitioner or ☐ Respondent is obligated to pay monthly child support of \$_____

☐ Order that support.

☐ **Deviation:**

It would be inappropriate or unjust to apply that amount because:

Therefore, free of duress and coercion, I ask the court to order that:

☐ ☐ Petitioner or ☐ Respondent pay monthly child support of \$_____.

☐ Neither parent pay child support.

This deviation is in the children's best interest because:

I understand that it is up to the court whether to grant this deviation and that the court can change child support at any time if a party asks for a change.

Medical, Dental, Vision Care for Minor Children: Order these expenses divided as follows:

Petitioner is responsible for providing ☐ medical ☐ dental ☐ vision care insurance.

Respondent is responsible for providing ☐ medical ☐ dental ☐ vision care insurance.

Order the parties to pay for all reasonable un-reimbursed medical, dental, and health related expenses incurred for the children in proportion to the parties' respective incomes as set forth in the most recent Parent's Worksheet for Child Support Amount.

Tax Exemptions: Divide our income tax dependency exemptions as follows:

Parent Entitled to Claim:		Child's Name	Tax Years (even or odd, for example)
Petitioner	Respondent		
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Order These Other Changes:

Why I'm Asking for These Changes:

All of these changes are in the children's best interest. I'm asking for these changes because the following circumstances have changed since the court signed the last parenting time order:

OATH AND VERIFICATION:

I have read this document, and it is true and complete to the best of my knowledge.

Sign in front of a notary, or in front of the Court Clerk when you file. The person signing must bring photo ID. Notaries are at most banks or listed in the Yellow Pages. Notaries usually charge a fee.

My Signature: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____

Enter the same information on the Order that you entered on the Petition.

Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

COCONINO COUNTY SUPERIOR COURT

Petitioner's Name on the Current Parenting Time Order: _____ Case Number: DO _____

**ORDER MODIFYING PARENTING
TIME AND CHILD SUPPORT**

Respondent's Name: _____

THE COURT FINDS:

☐ Petitioner or ☐ Respondent filed a Petition for Modification of Parenting Time and Child Support.

The following changes are in the children's best interest.

THE COURT ORDERS:

Parenting Time Is Changed To:

☐ **The Court Orders This Parenting Time Plan:**

The children will be in Father's care at these times:

At the start of Father's time with the children, ☐ Mother will drop them off or ☐ Father will pick them up at this time: _____ at this location: _____.

The children will be in Mother's care at these times:

At the start of Mother's time with the children, ☐ Father will drop them off or ☐ Mother will pick them up at this time: _____ at this location: _____.

While the parents understand the court may enforce this drop-off and pick-up schedule, they will be reasonably flexible about it.

Other scheduling arrangements:

- ☐ During summer months or school breaks longer than four days not listed in the holiday schedule below, the children will be in ☐ Mother's or ☐ Father's care.
- ☐ Each parent is entitled to an annual _____-week vacation with the children. The parents will work out the details of the vacation at least _____ days in advance.
- ☐ Neither parent will travel with the children outside Arizona for longer than _____ days without the prior written consent of the other parent or order of the court.

The parents will inform each other of plans to travel out of the area with the children and of addresses and phone numbers where we and children can be reached during travel.

Holidays:

	Even Years		Odd Years	
	Mother	Father	Mother	Father
New Year's Eve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Year's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spring Vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 th of July	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halloween	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thanksgiving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hanukkah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Eve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Winter Break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Birthdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ Mother will have the children on Mother's Day and Father will have the children on Father's Day.
- ☐ Each parent will have the children on that parent's birthday.
- ☐ On three-day weekends, which include Martin Luther King Day, President's Day, Memorial Day, Labor Day, and Columbus Day, the children will remain in the care of the parent who has them for the weekend.

Holiday times will begin and end as follows: _____

Phone access:

- ☐ Each parent may contact the children by phone during the children's normal waking hours.
- ☐ Other: _____

Religion:

- ☐ Each parent may take the children to a place of worship of that parent's choice while the children are in that parent's care.

- ☐ The children may be instructed in the following faith: _____
- ☐ Religious arrangements do not apply to this Plan.

Communicating with each other: The parents will communicate with each other about the children ☐ by phone ☐ by email ☐ by text ☐ in person at least every _____ days.

The parents may change the parenting plan by written agreement only, except in an emergency.

Reviewing the plan: The parents will review this Plan every _____ months and ask the court for any necessary or desired changes.

Disagreements: If the parties have disagreements about this Parenting Plan in the future -- such as about changes, violations, or moving with the children -- they'll make their best effort to cooperate and come to agreements in the children's best interest. If they can't agree, they have the option to ask for mediation through the court or a private mediator of their choice. While they're trying to come to an agreement, they will continue to follow this Parenting Plan.

Other: _____

☐ **The Court Orders Supervised Parenting Time:**

Unsupervised parenting time would seriously endanger the children's physical, mental, moral, or emotional health because:

Parenting time may take place only in the presence of another person, named as follows:

Other restrictions on parenting time:

The cost of supervised parenting time, if any, will be paid ☐ by the parent being supervised or ☐ by the custodial parent or ☐ equally by both parties.

☐ **The Court Orders No Parenting Time:**

Even supervised parenting time with the other parent would seriously endanger the children's physical, mental, moral, or emotional health because:

Child Support Is Changed To:

Child support shall be paid as stated in the Child Support Order issued on or about this date: *(Leave blank. The court will fill this in.)* _____. The child support obligation shall continue until the children have reached age 18 and graduated from high school or have reached 19 and have not graduated from high school. The paying parent must apply to the court to terminate child support payments.

Children's Insurance and Health Care Expenses: These expenses shall be paid as allocated in the Child Support Order. The party ordered to pay shall keep the other party informed of the insurance company name, address, and phone number and provide the other party with all documents necessary to submit insurance claims.

Tax Exemptions: The parties' income tax dependency exemptions are divided as stated in the Child Support Order. A party required to pay child support shall claim children as income tax dependency deductions only if the parent has paid all child support due and owing. If there is unpaid child support owed at the end of the tax year, the non-paying party is entitled to claim all deductions for the tax year.

Other Orders:

The person who asked for these changes must mail a copy of this Order to the other parent.

Do not sign the Order. The judge will sign the Order if the judge grants your requests.

Date: _____

Superior Court Judge: _____

INSTRUCTIONS

PARENT'S WORKSHEET FOR CHILD SUPPORT

This worksheet provides the information the court needs to determine child support amounts in accordance with Arizona's Child Support Guidelines. You may download a copy of the guidelines from the Arizona Judicial Branch webpage at <http://www.azcourts.gov/selfservicecenter/Home.aspx> or see your county Clerk of Superior Court or Self-Service Center for a copy.

A new web-based child support calculator is also available on the Supreme Court's website at <http://www.azcourts.gov/familylaw/2015ChildSupportCalculator.aspx> along with other links to child support-related resources.

COMPLETE THIS WORKSHEET IF:

- You are a party to a court action to establish a child support obligation or to modify an existing order for child support.

TO COMPLETE THIS WORKSHEET YOU WILL NEED TO KNOW:

- Your case number and the ATLAS number, if known.
- The monthly gross income of both parents (actual, estimated or attributed).
- The monthly cost of medical, dental and vision insurance for the children who are the subject of this action.
- Monthly childcare amounts paid to others by each parent.
- Identify the parenting time-sharing arrangement: essentially equal, or the child or children are mostly with father, or mostly with mother.
- Monthly obligations of each parent for child support or court-ordered spousal maintenance.

These instructions are numbered to match the identifying numbers on the Parent's Worksheet for Child Support. Please type or print neatly using black ink.

- (1) Fill in the name, address, and phone number of the person filing the form. DO NOT INCLUDE MAILING ADDRESS ON THIS FORM IF YOU ARE REQUESTING ADDRESS PROTECTION. Do not disclose a new address protected under Rule 7 of the Arizona Rules of Family Law Procedure (ARFLP) or other state law, or while an application to protect that address is pending. Indicate if the petitioner or the respondent is the person filing, and whether or not the person is self-represented or represented by an attorney.
- (2) Fill in the name of the county that has jurisdiction of this matter.
- (3) Type or print the name of the person shown as the Petitioner on the original petition to establish support or on the order that established support.
- (4) Type or print the name of the person shown as the Respondent on the original petition to establish support or on the order that established support.
- (5) Type or print the case number assigned to your case. If you do not have a case number, leave this item blank.
- (6) Type or print the ATLAS number, if one has been assigned to your case; otherwise leave this item blank.

- (7) Type or print the name of the person filing the worksheet.
- (8) Type or print the date this worksheet was prepared.
- (9) Check the box indicating the person or entity preparing the worksheet.
- (10) Check the box indicating the applicable time-sharing arrangement. If the children spend most of the time with one of the parents, check the applicable box indicating "Mostly with Father" or "Mostly with Mother."
- (11) Type or print the child(ren's) name(s) (first, middle initial, and last name) from this relationship for whom support is being requested. Type or print each child's date of birth and corresponding age.
- (12) Where did you get the figures you are supplying for the other party? Check the box to indicate whether those numbers are actual, estimated or attributed. [See Guidelines 5.E.] Examples of **estimated** income: He was promoted to supervisor and I know that position pays more; she has the same job as my sister, who works at the same place and makes this amount. Example of **attributed** income: My ex-wife was a secretary earning \$1500/month. Now she has remarried and is staying home as a homemaker.

GROSS MONTHLY INCOME

- (13) Type or print the gross monthly income for each parent. [See Guidelines Section 5]
 - "Gross income" is the total amount before any deductions.
 - To convert weekly "gross income" to "monthly gross income", multiply the weekly amount by 4.33 (52 weeks divided by 12 months = 4.33 average weeks in a month).
 - To convert bi-weekly "gross income" to "monthly gross income" multiply the bi-weekly amount by 2.165 (26 weeks divided by 12 months = 2.165 average pay periods in a month).

Gross income includes monies from:

- | | |
|----------------------------------|-----------------------------------|
| • Salaries | • Self-employment |
| • Bonuses | • Severance Pay |
| • Worker's Compensation Benefits | • Unemployment Insurance Benefits |
| • Wages | • Income from a Business |
| • Dividends | • Pensions |
| • Disability Insurance | • Rental Income |
| • Annuities | • Prizes |
| • Royalties | • Social Security Benefits |
| • Commissions | (Subject to Section 26) |
| • Capital Gains | • Trust Income |
| • Interest | • Recurring Gifts |

For income from self-employment, rent, royalties, proprietorship of a business, joint ownership of a partnership or closely held corporation, gross income means gross receipts minus ordinary and necessary expenses required to produce income. What is included as "ordinary and necessary expenses" may be adjusted by the court, if deemed inappropriate for determining gross income for child support. Ordinary and necessary expenses also include one-half of the self-employment tax actually paid.

Gross monthly income does not include:

- Income of a parent's new spouse. Only income of persons having a legal duty of support shall be treated as income under the guidelines.
- Benefits from public assistance programs such as Temporary Assistance for Needy Families (TANF), Supplemental Social Security Income (SSI), Nutritional Assistance (formerly known as Food Stamps) and General Assistance (GA).
- Child support payments received.

If a parent is unemployed or underemployed, you may ask the court to attribute income to that parent by entering the amount of what you think that parent would be earning if he or she worked at full earning capacity. The court shall presume, in the absence of contrary testimony, that a noncustodial parent is capable of full-time employment at least at the federal adult minimum wage. [Guidelines Section 5.E.] This presumption does not apply to noncustodial parents under the age of eighteen who are attending high school. If gross income is attributed to the parent receiving support, appropriate childcare expenses may also be attributed.

If completing this Parent's Worksheet as part of a simplified modification proceeding and income is different from the court's most recent findings, documentation must be attached to verify current income.

The documentation should include: the most recent tax return, W-2, or 1099 forms and the most recent paycheck stub showing year-to-date information. If these are not available, provide other documentation such as a statement of earnings from employer(s) showing year-to-date income.

If completing this Parent's Worksheet as part of a simplified modification proceeding and the income shown for the other party is different from that listed on the court's most recent findings regarding income of that parent, documentation must be attached or an explanation must be provided to prove how the amount shown was estimated or attributed to that parent.

ADJUSTMENTS TO GROSS MONTHLY INCOME [Guidelines Sections 2.C., 6 and 6.A.]

- (14) Type or print the total monthly amount of court-ordered spousal maintenance each parent actually pays from any previous marriage and/or pays or will pay from this marriage.
- (15) Type or print the total monthly amount of court-ordered spousal maintenance each parent actually receives from any previous marriage and/or receives or will receive from this marriage.
- (16) If either parent is a custodial parent of a child or children from another relationship who is the subject of a child support order, an adjustment is made based upon a "simplified application" of the guidelines as described below. Type or print the adjustment.

Example of the "Simplified Application":

A parent has a gross monthly income of \$2,000, and one child who is the subject of a child support order. To use the simplified application of the guidelines, locate \$2,000 in the Combined Adjusted Gross Income column of the Schedule of Basic Child Support Obligations. Select the amount in the column for one child, \$418.

The parent's income will be reduced by \$418, resulting in an adjusted gross income of \$1,582.

- (17) If either parent is a noncustodial parent of a child or children from another relationship who is the subject of a child support order, an adjustment is made in the amount of the court order if actually being paid. No adjustment will be made for court-ordered arrearage payments. Type or print the adjustment.
- (18) If either parent has a natural or adopted child(ren) from another relationship who is not the subject of a child support order, the court may consider an adjustment to gross income. The adjustment amount is either determined by a "simplified application of the guidelines," or, if less than the standard deduction, an alternate deduction amount that is actually being paid. Type or print the adjustment.

Example of the "Simplified Application":

A parent has a gross monthly income of \$3,000, and two children who are not the subject of a child support order. To use the Simplified Application of the Guidelines, locate \$3,000 in the Combined Adjusted Gross Income column of the Schedule of Basic Child Support Obligations. Select the amount in the column for two children, \$863. The parent's income may be reduced by up to \$863, resulting in an Adjusted Gross Income of \$2,137.

Examples of an Alternate Deduction:

A parent has a gross monthly income of \$3,000, and two children who are not the subject of a child support order. The standard deduction is \$863 (determined by the Simplified Application of the Guidelines); however, parent actually pays \$500 a month for support of these two children. An adjustment of \$500 is included in the worksheet.

A parent has a gross monthly income of \$3,000, and two children who are not the subject of a child support order. The standard deduction is \$863 (determined by the Simplified Application of the Guidelines); however, parent actually pays \$1,200 a month for support of these two children. An adjustment of \$863 is included in the worksheet, because no amounts larger than the standard deduction may be included.

ADJUSTED GROSS INCOME [See Guidelines Section 7]

- (19) Add the amounts in (10) and (12), then subtract the amounts in (11), (13), (14), and (15) for each parent. Type or print the answer.

COMBINED ADJUSTED MONTHLY GROSS INCOME [See Guidelines Section 7]

- (20) Add the two amounts in (16) together (Father's adjusted gross income and Mother's adjusted gross income). Type or print the amount.

BASIC CHILD SUPPORT OBLIGATION [See Guidelines Section 8]

- (21) On the Schedule of Basic Child Support Obligations, locate the amount that is closest to the combined adjusted monthly gross income in (17). Go to the column for the number of children who are subject of this order. Type or print this amount. If the parents' income falls exactly in between two combined adjusted gross income amounts, round up to the nearest combined adjusted income entry on the Schedule of Basic Child Support Obligations.

ADDITIONS TO CHILD SUPPORT OBLIGATION

(Place amounts in the column for the parent paying the expenses.)

(22) Children over age 12 [Guidelines Section 9.B.4.]

If there are no children aged 12 or over, enter "0" and skip to (20). Average expenditures for children 12 or older are approximately 10% higher than those for younger children; therefore the guidelines allow an adjustment of up to 10% to account for these higher costs. If support is being determined for children age 12 or older, type or print the number of children age 12 or older; then type or print the percentage of adjustment (1-10 percent) being requested in the box shown.

- If all children are age 12 or over:
 - Multiply the basic child support obligation (18) by the percentage adjustment (1–10%), which results in the monthly dollar amount of increase.
 - Type or print this amount in the blank with the "\$".
- If one or more, but not all children are age 12 or older:
 - Divide the basic child support obligation (15) by the total number of children.
 - Multiply that amount by the number of children age 12 or over.
 - Then multiply that amount by the percentage adjustment (1–10%), which results in the monthly dollar amount of increase.
 - Type or print this amount in the blank with the "\$".

EXAMPLE A:

All children are age 12 or older, basic child support obligation is \$300 and a 10% adjustment is being requested:

Multiply basic child support obligation of \$300 by the 10% adjustment which equals \$30.
$$\$300 \times .10 = \$30$$

EXAMPLE B:

Support is being requested for three children, two of those children are age 12 or older. The basic child support obligation is \$300 and a 10% adjustment is being requested:

Divide Basic Child Support Obligation of \$300 by 3 children which equals \$100.
$$\$300 \div 3 = \$100$$

Multiply the answer of \$100 by 2 children which equals \$200.
$$\$100 \times 2 = \$200$$

Multiply the answer of \$200 by the 10% adjustment which equals \$20.
$$\$200 \times .10 = \$20$$

(23) Medical, Dental, and Vision Insurance [Guidelines Section 9.A.]

For each parent type or print the monthly dollar amount of that portion of the insurance premium that is or will be paid for court-ordered medical, dental, and vision care insurance for the child(ren) in this case.

(24) Childcare Costs [Guidelines Section 9.B.1]

If the custodial parent is working or if income is attributed to the custodial parent, check the box indicating whether childcare is paid for one or more than one child; then type or print the monthly cost of work-related childcare the custodial parent pays. If these costs vary throughout the year, add the amounts for each month together and divide by 12 to annualize the cost. If appropriate, adjust for the federal childcare tax credit.

If the non-custodial parent pays for work-related childcare during their parenting time, the amount paid by that parent may also be included. If these costs vary throughout the year, add the amounts for each month together and divide by 12 to annualize the cost.

(25) Education Expenses [Guidelines Section 9.B.2.]

Type or print the monthly reasonable and necessary expenses for attending private or special schools and special educational activities. These expenses must be agreed upon by both parents or ordered by the court.

(26) Extraordinary Child [Guidelines Section 9.B.3.]

If any of the children for whom support is being requested are gifted or handicapped and have special needs, type or print the monthly costs of meeting those needs.

SUBTOTAL

(27) Add items **(19)** through **(23)** for each parent and type or print the answer in line **(24)**.

TOTAL ADJUSTMENTS FOR COSTS

(28) Add the amounts for both parents from **(24)** to the amount from **(19)**. Type or print the answer in line **(25)**.

TOTAL CHILD SUPPORT OBLIGATION

(29) Add the amounts from **(18)** and **(25)**. Type or print the total amount.

EACH PARENT'S PROPORTIONATE PERCENTAGE (%) OF COMBINED INCOME

[Guidelines Section 10]

(30) For each parent, divide the amount in **(16)** (Adjusted Gross Income) by the amount in **(17)** (Combined Adjusted Gross Income). Type or print each parent's percentage. If one parent earns all of the income, this answer will be 100%.

EXAMPLE:	Mother	Father
Adjusted Gross Income (16)	\$600	\$400
Combined Adjusted Gross Income (17)	\$1000	

$\$600 \div \$1,000 = .60$ or 60% is Mother's percentage

$\$400 \div \$1,000 = .40$ or 40% is Father's percentage

EACH PARENT'S PROPORTIONATE SHARE OF THE TOTAL CHILD SUPPORT OBLIGATION

(31) For each parent, multiply the amount in **(26)** by the number for that parent in **(27)**. This equals the dollar amount of each parent's share of the total child support

obligation. Type or print each parent's share of the child support obligation.

EXAMPLE:	Mother	Father
Total child support obligation (26)	\$189	
Percentage of combined income (27)	60%	40%

$\$189 \times .60 = \113.40 is Mother's share of the total support obligation

$\$189 \times .40 = \75.60 is Father's share of the total support obligation

LESS PAYING PARENT'S COSTS

(32) For the parent who is or will be ordered to pay child support type or print the amount from **(24)**.

ADJUSTMENT FOR COSTS ASSOCIATED WITH PARENTING TIME [Guidelines Section 11]

(33) To adjust for costs associated with parenting time, first determine the total number of parenting time days indicated in a court order or parenting plan or by the expectation or past practice of the parents. Using the definitions below, add together each block of parenting time to arrive at the total number of parenting time days per year. Only time spent with the noncustodial parent is considered; time that the child is in school or in childcare is not considered.

For purposes of calculating parenting time days:

- A. A period of 12 hours or more counts as one day.
- B. A period of 6 to 11 hours counts as a half-day.
- C. A period of 3 to 5 hours counts as a quarter-day.
- D. Periods of less than 3 hours may count as a quarter day if, during those hours, the noncustodial parent pays for routine expenses of the child, such as meals.

Based on the information below, check the box to indicate whether "Parenting Time Table A" or "Parenting Time Table B" applies.

"Parenting Time Table A" applies when the number of parenting time days approaches equal time sharing (143 days and above) and certain costs usually incurred only in the custodial household are assumed to be substantially or equally shared by both parents. These costs are for items such as the child's clothing and personal care items, entertainment, and reading materials. Parenting Time Table A applies unless the court finds that costs are not substantially or equally shared in each household.

"Parenting Time Table B" applies only when the custodial parent can prove to the court that the costs are not substantially or equally shared in each household.

PARENTING TIME TABLE A			
Number of Visitation Days	Adjustment Percentage	Number of Visitation Days	Adjustment Percentage
0 – 3	0	116 - 129	.195
4 – 20	.012	130 - 142	.253
21- 38	.031	143 – 152	.307

PARENTING TIME TABLE A			
39 - 57	.050	153 – 162	.362
58 - 72	.085	163 - 172	.422
73 - 87	.105	173 – 182	.486
88 - 115	.161		

PARENTING TIME TABLE B	
Number of Visitation Days	Adjustment Percentage
143 - 152	.275
153 – 162	.293
163 – 172	.312
173 - 182	.331

- Check the box to indicate whether Table A or Table B applies in **(30.)**
- Type or print total number of parenting time days.
- Type or print the percentage adjustment from the appropriate table.
- Multiply the percentage by the amount listed for **(18)**. Type or print the answer in the column for the noncustodial parent.

EXAMPLE:

The Basic Child Support Obligation **(18)** is \$425. The noncustodial parent has parenting time with the children a total of 100 days. On "Parenting Time Table A", the range of days for this amount of parenting time is 88 to 115 days. The corresponding adjustment percentage is .161. Multiply the \$425 Basic Child Support Obligation by .161 (16.1%). The resulting amount of \$68 is entered in **(30)** in the column for the noncustodial parent.

$$\$425 \times .161 = \$68$$

ADJUSTMENTS SUBTOTAL

(34) For the paying parent, add the amounts in **(29)** and **(30)**. Type or print the answer.

PRELIMINARY CHILD SUPPORT AMOUNT

(35) For noncustodial parent: Subtract the amount in (31) from (28). Type or print the answer.

For custodial parent: Type or print the amount from **(28)**.

SELF SUPPORT RESERVE TEST FOR PAYING PARENT [Guidelines Section 15]

(36)

- Type or print the paying parent's adjusted gross income from **(16)**.
- The court may subtract from the paying parent's adjusted gross income **(16)** court-ordered arrears on child support for children of other relationships or spousal maintenance, if actually paid. If applicable, type or print that monthly amount.
- Subtract paid arrears and \$1,115 from **(16)**.
- Type or print the answer in the column for the paying parent.

CHILD SUPPORT AMOUNT TO BE PAID

- (37) Check the box indicating which parent will be ordered to pay child support and type or print the dollar amount from **(32) or (33)** for the paying parent. If the resulting amount is less than the preliminary child support amount **(32)**, the court may reduce the child support amount after considering the financial impact the reduction would have on the custodial household.

RESPONSIBILITY FOR TRAVEL EXPENSES ASSOCIATED WITH PARENTING TIME

[Guidelines Section 18]

- (38) Type or print the percentage you think each parent should pay toward the child(ren)'s travel expenses involving travel of more than 100 miles, one-way. The court will decide how to allocate the expense, but you may use the percentages listed in **(24)** as a guide. The allocation of expense does not change the amount of the support ordered in **(31)**.

RESPONSIBILITY FOR MEDICAL EXPENSES NOT PAID BY INSURANCE [Guidelines Section 9.A.]

- (39) Type or print the percentage you think each parent should pay toward uninsured medical, dental and vision expenses for the child(ren). The court will decide how to allocate the expense, but you may use the percentages listed in **(27)** as a guide. The allocation of expense does not change the amount of the support ordered in **(34)**.

NOTE: DEVIATION FROM THE GUIDELINES AMOUNT [Guidelines Section 20]

If you believe the amount of child support shown on this worksheet is too low or too high, the court may deviate from the guidelines and order a different amount, if the amount on the worksheet is found to be unjust or inappropriate. A deviation can only be ordered if the court makes appropriate findings based upon evidence presented by either party or agreement of the parties.

For Clerk Use Only

Gross Monthly Income (13)

Spousal maintenance paid (14)

Spousal maintenance received (15)

Custodial parent of other children subject of court order(s) (16)

[] Father [] Mother

Court-ordered child support paid for children of other relationships (17)

Other natural or adopted children not subject of court order(s) (18)

[] Father [] Mother

Standard deduction

Alternate Deduction

(only if less than standard deduction)

Adjusted Gross Monthly Income (19)**Combined Adjusted Gross Income (20)****Basic Child Support Obligation for [] children (21)****Additions:**

Adjusted for [] children over age 12 at []% (22)

Medical, dental and vision insurance paid (23)

Monthly childcare costs (24) for [] child(ren)

Less federal tax credit allowed to custodian at []%

Extra education expenses paid (25)

Extraordinary (gifted or handicapped) child expenses paid (26)

Subtotal (27)**Total Adjustments for Costs (28)****Total Child Support Obligation (29)****Each parent's proportionate percentage of combined income (30)****Each parent's proportionate share of the total support obligation (31)****Less paying parent's costs (32)****Costs associated with parenting time (33): Table A []**

No. of days _____

Line (18) x _____%

Adjustments subtotal (34)**Preliminary Child Support Amount (35)****Father****Mother**

\$ _____

\$ _____

\$- _____

\$- _____

\$+ _____

\$+ _____

\$- _____

\$- _____

\$- _____

\$- _____

\$- _____

\$- _____

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\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

_____ %

_____ %

\$ _____

\$ _____

\$ _____

\$ _____

Table B []

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Case No. _____

Self-Support Reserve Test for Payor (36)

Line (16) \$ _____

Less paid arrears \$ _____

Less \$1,115

Father

Mother

\$ _____

\$ _____

Child support amount to be paid by (37):

☐ Father ☐ Mother

\$ _____

\$ _____

Travel related to parenting time (38)

_____ %

_____ %

Medical, dental, and vision costs not paid by insurance (39)

_____ %

_____ %

INSTRUCTIONS CHILD SUPPORT ORDER

COMPLETE THE CHILD SUPPORT ORDER FORM IF:

- You are a party to a court action to establish a child support obligation or to modify an existing order for child support.

Follow these instructions which are numbered to match the identifying numbers on the form. Please type or print neatly using black ink.

CHECKBOXES

Where check boxes are indicated [] select the option that pertains to your case, or leave blank if it does not apply. Check only the boxes that pertain to your case. **MARK ALL APPROPRIATE BOXES AND FILL IN ALL BLANKS WITHIN EACH PROVISION THAT APPLY TO YOUR CASE.**

- (1) Fill in the name, address, and phone number of the person filing the form. DO NOT INCLUDE MAILING ADDRESS ON THIS FORM IF YOU ARE REQUESTING ADDRESS PROTECTION. Do not disclose a new address protected under Rule 7 of the Arizona Rules of Family Law Procedure (ARFLP) or other state law, or while an application to protect that address is pending. Indicate if the petitioner or the respondent is the person filing, and whether or not the person is self-represented or represented by an attorney.
- (2) Fill in the name of the county that has jurisdiction of this matter.
- (3)(4) Fill in the name of the persons shown as "Petitioner" or "Respondent" on any other case filed in the Superior Court of Arizona where legal decision-making authority, parenting time, support, or paternity of the minor children named here was an issue. If this is the first family court case concerning this petitioner and respondent, list the name of the person who is filing these papers as "Petitioner" and the other party as "Respondent."
- (5) Enter the case number that was assigned for this case that had issues regarding legal decision-making authority, parenting time, support, or paternity for the minor children named herein. If there is no prior case, leave blank; the Clerk of the Superior Court will provide a case number.
- (6) Enter the ATLAS number if one has been assigned.
- (7) Enter the name of the father.
- (8) Enter the name of the mother.
- (9) List the names of the child(ren) and the date of birth for each child. Include the first name, middle initial and last name.

Select only one option from (10a), (10b), (11a), or (11b). Options available in (11a) and (11b) should *only* be checked when a deviation from the application of the child support guidelines is requested.

- (10a) Check the appropriate box indicating which parent will be responsible for paying child support (the obligor) as calculated using the Arizona Child Support Guidelines worksheet. Check the box indicating the parent who will receive child support (the obligee). Include the amount of child support that is indicated on the "Parent's Worksheet for Child Support Amount."
- (10b) Check the appropriate box indicating which parent will be responsible for paying child support (the obligor) as calculated using the Arizona Child Support Guidelines worksheet. Check the box indicating the parent who will receive child support (the obligee). Include the amount of child support that is indicated on the "Parent's Worksheet for Child Support Amount." Enter the "rounding adjustment" child support amount in the blank field.
- (11a) If the parties request a deviation from the application of the child support guidelines, check the appropriate boxes indicating which parent will be responsible for paying child support (the obligor) and which parent will receive child support (the obligee) as calculated using the Arizona Child Support Guidelines worksheet. Enter the deviated amount of child support to be paid per month. Provide a full explanation of the reason(s) why a deviation is appropriate in the blank lines below (11b).
- (11b) If the parties request a deviation from the application of the child support guidelines and they have entered into a written agreement, check the appropriate boxes indicating which parent will be responsible for paying child support (the obligor) and which parent will receive child support (the obligee) as calculated using the Arizona Child Support Guidelines worksheet. Enter the deviated amount of child support to be paid per month. Provide a full explanation of the reason(s) why a deviation is appropriate in the blank lines below (11b).

Select only one option from (12a), (12b), or (12c).

- (12a) Check the appropriate boxes and enter information in the "Support Arrears" section of the child support order if child support arrearages exist in this matter.
- (12b) Check this box if no child support arrearages are owed.
- (12c) Check this box if no evidence is presented in support of child support arrears.

Select only one option from (13a), (13b), (13c), or (13d).

- (13a) Enter information in the "Past Support" section of the child support order if past support pertains to the case and one of the parties is requesting a judgment for past support for the period between the filing of the petition and the date current child support is ordered to begin.
- (13b) Enter information in the "Past Support" section of the child support order if past support pertains to the case and one of the parties is requesting a judgment for past support owed from the date of separation, but not more than three years before the date of filing the petition.
- (13c) Check this box if no child support arrearages are owed.
- (13d) Check this box if no evidence is presented in support of past child support.

- (14) Check the appropriate boxes indicating which parent is ordered to pay child support, which parent will receive child support, the amount of child support that is ordered, and the date the payment will start.

Select only one option from (15a) or (15b).

- (15a) If applicable, check the appropriate boxes indicating the parent who is granted a judgment for support arrearages, the parent who is ordered to pay the judgment, the amount owed, the time period involved (i.e. "March 1, 2008 through August 31, 2011"), and the amount owed for additional accrued interest along with the date the interest is calculated thru. If applicable, check the appropriate boxes indicating which parent will be ordered to pay an additional monthly amount towards the judgment, and the month and year the payment will start.
- (15b) Check this box if a judgment for child support arrears will not be ordered.

Select only one option from (16a) or (16b).

- (16a) If applicable, check the appropriate boxes indicating the parent who is granted a judgment for past support, the parent who will be ordered to pay past support, the amount owed, the monthly amount ordered to be paid toward the judgment, and what month and year the payment will start.
- (16b) Check this box if a judgment for past support will not be ordered.
- (17) Check the appropriate box to inform the obligor that payment must include the obligor's name and ATLAS number.
- (18) Check the appropriate box to indicate which parent is the obligor and when this child support order is to begin. Enter amount information for current child support payment, past due child support (arrearage payments), current spousal maintenance payment, and past due spousal maintenance payment, if applicable. Total the monthly payment amount and enter in the "Total monthly payment" field.
- (19) Check the appropriate boxes and enter the proportionate percentages from the child support worksheet indicating each parent's responsibility for the non-covered medical expenses.

Select only one option from (20a) or (20b).

- (20a) Check the appropriate box indicating the parent that's responsible for providing and paying the premiums for health insurance policies that have been included in the "Parent's Worksheet for Child Support Amount."
- (20b) Check the appropriate box to indicate which parent will provide medical insurance for the minor children when medical insurance becomes accessible and available at a reasonable cost.
- (21) Enter the percentages that each parent is ordered to share for costs of travel to parenting time that are over 100 miles away.
- (22) If applicable, enter other findings and orders not already covered in the child support order.

- (23) Enter information in the tax allocation table based upon parent's gross monthly incomes, number of children, and dates of children's birth.

Select only one option from (23a) or (23b).

- (23a) Check the appropriate box to indicate which parent may claim the allocated tax exemptions only if all child support and arrears ordered for the year have been paid by December 31 of that year.
- (23b) Check the appropriate box to indicate which parent may unconditionally claim the tax exemptions allocated to him or her.
- (24) If the parties stipulate to the contents of the child support order, date and sign the order.

Your Address:

Your City, State, Zip Code:

Your Telephone Number: _____

ATLAS Number (if applicable):

Attorney Bar Number (if applicable):

Representing: ☐ Self (Without an Attorney)

Or Attorney for ☐ Petitioner ☐ Respondent

SUPERIOR COURT OF ARIZONA
IN (2) _____ COUNTY

) **(5)** Case No. _____
)

) **(6)** ATLAS No. _____

THE COURT FINDS that:

1. (7) _____, Father and
(8) _____, Mother, owe a duty
to support the following child(ren):

Date of Birth

(9) _____

- ## 2. Child Support Guidelines.

The required financial factors and any discretionary adjustments pursuant to the Arizona Child Support Guidelines are as set forth in the Parent's Worksheet for Child Support, attached and incorporated herein by reference.

3. **Child Support.**

(10a) ☐ Father ☐ Mother is obligated to pay child support to ☐ Father ☐ Mother in the amount of \$_____ per month pursuant to the Arizona Child Support Guidelines without deviation.

(10b) ☐ Father ☐ Mother is obligated to pay child support to ☐ Father ☐ Mother in the amount of \$_____ per month pursuant to the Arizona Child Support Guidelines without deviation. This amount is an appropriate amount to award for child support in this case except that the Court finds it more appropriate and just to make a rounding adjustment to the exact guideline amount for ease of calculation to \$_____ per month.

(11a) ☐ Father ☐ Mother is obligated to pay child support to ☐ Father ☐ Mother in the amount of \$_____ per month pursuant to the Arizona Child Support Guidelines. Application of the child support guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child in determining that a deviation is appropriate. After deviation the child support order is \$_____ per month.

(11b) ☐ Father ☐ Mother is obligated to pay child support to ☐ Father ☐ Mother in the amount of \$_____ per month pursuant to the Arizona Child Support Guidelines. Application of the child support guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child in determining that a deviation is appropriate. After deviation the child support order is \$_____ per month. Further, the parties have entered into a written agreement or their agreement is on the record and is free of duress and coercion with knowledge of the amount of child support that would have been ordered under the guidelines but for the agreement.

Fill in the reason(s) for deviation below if (11a) or (11b) was selected.

4. **Support Arrears.**

(12a) ☐ Father ☐ Mother owes child support arrearages to ☐ Father ☐ Mother in the total amount of \$_____ for the time period of _____ thru _____ plus accrued interest on prior child support arrearages due of \$_____ calculated thru the date of _____.

(12b) ☐ The court finds no child support arrearages due and owing.

(12c) ☐ No evidence was presented in support of child support arrearages.

5. **Past Support.**

(13a) ☐ It is appropriate to award ☐ Father ☐ Mother an additional judgment for past support in the amount of \$_____ for the period between the filing of this current petition and the date current child support is ordered to begin.

(13b) ☐ It is appropriate to award ☐ Father ☐ Mother an additional judgment in the amount of \$_____ for past support owed from the date of separation, but not more than three years before the date of filing the current petition.

(13c) ☐ The court finds no past support amount due and owing.

(13d) ☐ No evidence was presented in support of past child support.

IT IS ORDERED that:

A. Child Support.

(14) ☐ Father ☐ Mother shall pay child support to ☐ Father ☐ Mother in the sum of \$_____ per month payable by wage assignment on the first day of each month commencing _____.

B. Support Arrearages Judgment.

(15a) ☐ Father ☐ Mother is granted judgment against ☐ Father ☐ Mother in the sum of \$_____ as and for child support arrearages for the period of _____ thru the date of _____ together with interest on said sum at the legal rate of 10% per annum until paid in full plus additional accrued interest on prior child support judgments of \$_____ calculated thru the date of _____. ☐ Father ☐ Mother shall pay, in addition to ☐ his ☐ her current support payment, the sum of \$_____ per month toward this judgment, payable on the first day of each month commencing _____ until paid in full.

(15b) ☐ No judgment for child support arrearages is entered.

C. Past Support Judgment.

(16a) ☐ Father ☐ Mother is granted a past support judgment against ☐ Father ☐ Mother in the additional amount of \$_____. ☐ Father ☐ Mother shall pay the additional amount of \$_____ per month toward this judgment, payable on the first day of each month commencing _____ until paid in full.

(16b) ☐ No judgment for past support is entered.

D. Payments and Clearinghouse.

All payments, plus the statutory handling fee, shall be made through the Support Payment Clearinghouse pursuant to an Order of Assignment or Income Withholding Order signed this date. Any time the full amount of support ordered is not withheld, the obligor remains responsible for the full monthly amount ordered. Payments not made directly through the Support Payment Clearinghouse shall be considered *gifts* unless otherwise ordered. All payments shall be made payable to and mailed directly to:

**Support Payment Clearinghouse
PO Box 52107
Phoenix, AZ 85072-2107**

(17) Payments must include the ☐ Father's ☐ Mother's name and ATLAS number. Pursuant to A.R.S. § 25-322, the parties shall submit current address information in writing to the Clerk of the Superior Court and the Support Payment Clearinghouse immediately. The obligor shall submit the names and addresses of their employers or

other payors within 10 days. The parties shall submit address changes within 10 days of the change.

E. Total Monthly Payments.

(18) ☐ Father ☐ Mother shall make total monthly payments to ☐ Father ☐ Mother of \$_____ per month payable on the first day of each month commencing _____ as follows:

Monthly Payments:	Current child support payment as ordered above:	\$ _____
	Child support arrearage payments:	\$ _____
	Current spousal maintenance payment:	\$ _____
	Past due spousal maintenance payment:	\$ _____
	Clearinghouse handling fee:	\$ _____ 5.00

Total monthly payment:\$ _____

F. Non-Covered Medical Expenses.

(19) ☐ Father ☐ Mother is ordered to pay _____% and ☐ Father ☐ Mother is ordered to pay _____% of all reasonable uncovered and/or uninsured medical, dental, vision, prescription and other health care charges for the minor child(ren). A request for payment or reimbursement of uninsured medical, dental and/or vision costs must be provided to the other parent within 180 days after the date the services occur. The parent responsible for payment or reimbursement must pay their share, as ordered by the court, or make acceptable payment arrangements with the provider or person entitled to reimbursement within 45 days after receipt of the request.

G. Medical, Dental, and Vision Insurance (A.R.S. § 25-320(J)).

(20a) ☐ Father ☐ Mother shall be individually responsible for providing medical insurance for the minor child(ren) and shall continue to pay premiums for any medical, dental and vision policies covering the child(ren) that are currently included in the incorporated guidelines worksheet.

(20b) ☐ Father ☐ Mother shall be individually responsible for providing medical insurance for the minor child(ren) of the parties as soon as it becomes accessible and available at a reasonable cost, as neither parent currently has the ability to obtain such medical insurance.

Medical, dental, and vision insurance, payments and expenses are based on the information in the Parent's Worksheet for Child Support attached hereto and incorporated by reference. The parent ordered to pay must keep the other party informed of the insurance company name, address and telephone number, and must give the other party the documents necessary to submit insurance claims. An insurance card must be provided to the other parent. Notification must also be provided to the other parent if coverage is no longer being provided for the child(ren).

H. Travel Expenses.

(21) The costs of travel related to parenting time over 100 miles away shall be shared as follows:

Father _____ %

Mother _____ %

(22) Other Findings and Orders.

I. Information Exchange.

The parties shall exchange financial information such as copies of tax returns, financial affidavits, and earnings statements every twenty-four months. At the time the parties exchange financial information, they shall also exchange residential addresses and the names and addresses of their employers unless the court has ordered otherwise.

J. (23) Tax Exemptions.

The Court allocates tax exemptions for the dependent children as follows:

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For any years following those listed above while the Child Support Order remains in effect, the parties shall repeat the above pattern of claiming deductions for each child.

(23a) ☐ Father ☐ Mother may claim the allocated tax exemptions only if all child support and arrears ordered for the year have been paid by December 31 of that year.

(23b) ☐ Father ☐ Mother may unconditionally claim the tax exemptions allocated to ☐ him ☐ her for income tax purposes.

K. Modification.

If this is a modification of child support, all other prior orders of this Court not modified remain in full force and effect.

INSTRUCTIONS:

“INCOME WITHHOLDING FOR SUPPORT” FORM

1.	<p>Fill in the grey-shaded blanks on Pages 1 and 3</p> <p>Here’s help with the blanks that might be confusing:</p> <p>“ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)”: Check this box if this will be the very first Income Withholding Order.</p> <p>“AMENDED IWO”: Check this box if you’re <i>changing</i> an Income Withholding Order.</p> <p>“TERMINATION of IWO”: Check this box if you’re <i>stopping</i> the Income Withholding Order.</p> <p>“Remittance Identifier” = your ATLAS number if you have one</p> <p>“Order Identifier” = your case number if you have one</p> <p>“CSE Agency Case Identifier” = your ATLAS number again if you have one</p> <p>“FEIN” = the employer’s Federal Employer Identification Number if you have it</p>
2.	<p>Leave the rest of the form blank</p>

INCOME WITHHOLDING FOR SUPPORT

- ☐ ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
☐ AMENDED IWO
☐ ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
☐ TERMINATION of IWO

Date: _____

☐ Child Support Enforcement (CSE) Agency ☐ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions <http://www.acf.hhs.gov/programs/css/resource/income-withholding-for-support-instructions>). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory _____ Remittance Identifier (include w/payment) _____
City/County/Dist./Tribe _____ Order Identifier _____
Private Individual/Entity _____ CSE Agency Case Identifier _____

RE: _____

Employer/Income Withholder's Name		Employee/Obligor's Name (Last, First, Middle)	
Employer/Income Withholder's Address		Employee/Obligor's Social Security Number	
Employer/Income Withholder's FEIN		Custodial Party/Obligee's Name (Last, First, Middle)	
Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)	.	.
		.	.
		.	.
		.	.
		.	.
		.	.

ORDER INFORMATION: This document is based on the support or withholding order from _____ (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ _____	Per _____	current child support	
\$ _____	Per _____	past-due child support - Arrears greater than 12 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
\$ _____	Per _____	current cash medical support	
\$ _____	Per _____	past-due cash medical support	
\$ _____	Per _____	current spousal support	
\$ _____	Per _____	past-due spousal support	
\$ _____	Per _____	other (must specify) _____	

for a **Total Amount to Withhold** of \$ _____ Per _____

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ _____ per weekly pay period	\$ _____ per semimonthly pay period (twice a month)
\$ _____ per biweekly pay period (every two weeks)	\$ _____ per monthly pay period

\$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is _____ (State/Tribe), you must begin withholding no later than the first pay period that occurs _____ days after the date of _____. Send payment within _____ working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to _____% of disposable income for all orders. If the employee/obligor's principal place of employment is not _____ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at <http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information> for the employee/obligor's principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit [SDU]), see <http://www.acf.hhs.gov/programs/css/employers/electronic-payments>.

Include the **Remittance Identifier with the payment** and if necessary this FIPS code: _____.

Remit payment to _____ (SDU/Tribal Order Payee)
at: _____ (SDU/Tribal Payee Address)

☐ **Return to Sender [Completed by Employer/Income Withholder]**. Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if required by State or Tribal law): _____

Print Name of Judge/Issuing Official: _____

Title of Judge/Issuing Official: _____

Date of Signature: _____

If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

☒ If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: <http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information>

Priority: Withholding for support has priority over any other legal process under State law against the same income (USC 42 §666(b)(7)). If a Federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments To SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a Court, Attorney, or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to Federal, State, or Tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the State or Tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

Lump Sum Payments: You may be required to notify a State or Tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by State or Tribal law/procedure.

Anti-discrimination: You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

Employer's Name: _____ Employer FEIN: _____

Employee/Obligor's Name: _____

CSE Agency Case Identifier: _____ Order Identifier: _____

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (see *REMITTANCE INFORMATION*). Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the State or Tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholders who receive a State IWO, you may not withhold more than the limit set by tribal law.

Depending upon applicable State or Tribal law, you may need to also consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears greater than 12 weeks? If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the Employer should calculate the CCPA limit using the lower percentage.

Supplemental Information: _____

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, an employer must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the Contact Information below:

☐ This person has never worked for this employer nor received periodic income.

☐ This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known phone number: _____

Last known address: _____

Final payment date to SDU/ Tribal Payee: _____ Final payment amount: _____

New employer's name: _____

New employer's address: _____

CONTACT INFORMATION:

To Employer/Income Withholder: If you have any questions, contact _____ (Issuer name)
by phone at _____, by fax at _____, by email or website at: _____.

Send termination/income status notice and other correspondence to: _____
_____ (Issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (Issuer name)
by phone at _____, by fax at _____, by email or website at: _____.

Presumptive Termination Date: This order is presumed to terminate on _____ when the youngest child who is subject to this order is expected to emancipate as defined in A.R.S. §§ 25-320 and 25-501 unless the order contains a payment on arrears. The presumptive termination date of this order may be modified by the court upon changed circumstances.

Note to Employers/Other Withholders:

If the most recent Order of Assignment or Income Withholding Order in the case is for current child support only, you should discontinue withholding monies after the last pay period of the month of the presumptive termination date above. If the Order of Assignment or Income Withholding Order includes current child support and an arrearage payment, you should continue withholding the entire amount listed on the order until further notice.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

This order is effective _____. All rules under REMITTANCE INFORMATION apply after the effective date.

Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner: _____ Case Number: DO _____

ORDER TO APPEAR
POST-JUDGMENT/DECREE

Respondent: _____

READ THIS NOTICE: This is an important Court Order that affects your rights. Read this Order carefully. If you do not understand this Order, contact a lawyer for help.

All parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear.

FAILURE TO APPEAR AT THE HEARING MAY RESULT IN THE COURT ISSUING A CIVIL ARREST WARRANT, OR WHERE APPLICABLE, A CHILD SUPPORT ARREST WARRANT, FOR YOUR ARREST. IF YOU ARE ARRESTED, YOU MAY BE HELD IN JAIL FOR NO MORE THAN 24 HOURS BEFORE A HEARING IS HELD.

Based on documents filed and pursuant to Arizona Law,

IT IS ORDERED THAT YOU, (*other party's name*): _____
appear at the time and place stated below so the court can determine whether the relief asked for in the Petition should be granted.

Leave the rest of the form blank. This is for the court to fill in.

INFORMATION ABOUT COURT HEARING TO BE HELD:

NAME OF JUDICIAL OFFICER: _____

DATE AND TIME OF HEARING: _____

DIVISION: _____

(All Divisions are in the Coconino County Courthouse at 200 N. San Francisco St., Flagstaff.)

TYPE OF HEARING: ☐ case management ☐ evidentiary hearing
 ☐ resolution management ☐ oral argument
 ☐ other (specify): _____

TIME ALLOTTED FOR HEARING: _____

EVIDENCE ☐ WILL or ☐ WILL NOT be presented at the hearing.

IT IS FURTHER ORDERED that a true copy of this “Order to Appear – Post-Judgment/Decree” and a true copy of the documents filed with the Petition shall be served by the moving party on the parties who are required to appear and a true copy of these documents shall be mailed immediately to parties who have appeared in this action, in accordance with Arizona Rules of Family Law Procedure, Rules 40, 41, 42 and 43.

IT IS FURTHER ORDERED that the parties and counsel file and exchange all documents and disclosure as prescribed by Rule 91, within the time specified therein. Failure to comply may result in the imposition of sanctions as set forth in Rule 91(Q).

Requests for reasonable accommodation for persons with disabilities must be made to the office of the Judge or Commissioner scheduled to hear this case five days before your scheduled court date.

If you know in advance that you can’t attend the court proceeding on the date scheduled, you may ask the court to reschedule, or “continue”, the proceeding. Asking for a continuance involves multiple steps and deadlines that the court will expect you to know and follow. See the Self-Help Center packet *Moving a Court Date to a Later Date*.

Date: _____ Judicial Officer: _____

INSTRUCTIONS: SERVING FORMS ON THE OTHER PARTY

Where does the other party live?	Serve the forms in one of these ways
In the U.S. and not on an Indian Reservation	① ② ③ or ④
On an Indian Reservation in the U.S.*	① ⑤ or ⑥
I don't know	⑦
Not in the U.S.	see an attorney

*If the other party lives on an Indian Reservation, there might be more options for service. An attorney can advise you.

- ① **Acceptance of Service:** You ask the other party to accept your delivery of the forms voluntarily so you don't have to pay to serve. See the form "Acceptance of Service" in this packet. Don't use Acceptance of Service if there's domestic violence or you think the other party will be violent or uncooperative.
- ② **Process Server:** You pay a process server to serve the forms. See the forms and instructions for "Service by Process Server, Sheriff, or Tribal Law Enforcement" in this packet.
- ③ **Sheriff:** You pay the sheriff to serve the forms. See the forms and instructions for "Service by Process Server, Sheriff, or Tribal Law Enforcement" in this packet.
- ④ **Certified Mail:** You send the forms to the other party through certified mail. See the instructions and forms for "Service by Certified Mail" in this packet.
- ⑤ **Tribally Licensed Process Server:** You pay a tribally licensed process server to serve the forms. See the forms and instructions for "Service by Process Server, Sheriff, or Tribal Law Enforcement" in this packet.
- ⑥ **Service by Tribal Law Enforcement:** You pay tribal law enforcement to serve the forms. See the forms and instructions for "Service by Process Server, Sheriff, or Tribal Law Enforcement" in this packet.
- ⑦ **Service by Publication:** You pay a newspaper to publish a notice about the case. If you serve by publication, the Court cannot order paternity, child support, or spousal support, and the Court cannot divide your property and debts. See the forms and instructions for "Service by Publication" in this packet.

Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

COCONINO COUNTY SUPERIOR COURT

Petitioner: _____ Case Number: DO _____

ACCEPTANCE OF SERVICE

Respondent: _____

***To the Other Party:** Please sign this form in front of a notary and return it to me in the enclosed self-addressed, stamped envelope to save the cost of hiring someone to serve you with the court papers. Signing does not mean you agree with what I'm asking for.*

I acknowledge I have voluntarily accepted a copy of the following legal papers:

I understand that I may appear at the hearing if one is set in this matter to state my position on the other party's requests and that if I do not appear at the hearing the court may grant those requests without my input.

Signature of Person Accepting Service

Address of Person Accepting Service:

Phone #: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____

INSTRUCTIONS: SERVICE BY PROCESS SERVER, SHERIFF, OR TRIBAL LAW ENFORCEMENT

1.	<p>Find a process server, sheriff, or tribal law enforcement officer</p> <p>Find a process server or the sheriff in the county where the other party lives.</p> <p>Process servers are in the Yellow Pages.</p> <p>The sheriff is in the government pages of the phonebook. The Coconino County Sheriff's Office is at 911 E. Sawmill Rd., Flagstaff, AZ 86004, 928-774-4523 or (toll-free) 800-338-7888.</p> <p>If the other party lives on an Indian reservation, find a tribally licensed process server in the tribe's phonebook or go through tribal law enforcement.</p>
2.	<p>Call the process server, sheriff, or tribal law enforcement officer</p> <p>Have your Petition in front of you.</p> <p>Ask these questions.</p> <ul style="list-style-type: none">• How much do you charge for service of process?• Do I pay up front, or will you bill me?• Do you file the Affidavit of Service with the court and mail me a copy, or do I need to file it myself? (This is the document showing that the other party was served.) <p>If you have a fee waiver or deferral and are using tribal law enforcement or a sheriff's office in a county other than Coconino, also ask:</p> <ul style="list-style-type: none">• Do you accept fee waivers or deferrals from Coconino County? (They're not required to.) <p>You cannot waive or defer the fee for service by process server.</p>

3.	Fill out the Letter: Service By Process Server, Sheriff, Or Tribal Law Enforcement
4.	<p>Mail or hand-deliver the following to the process server, sheriff, or tribal law enforcement officer</p> <ul style="list-style-type: none"> • Letter: Service by Process Server, Sheriff, or Tribal Law Enforcement • One of the following: <ul style="list-style-type: none"> ○ the fee ○ a certified copy of the court order waiving or deferring fees • One copy of each document you listed in the Letter <p>Keep copies of everything for your records.</p>
5.	Make sure the Affidavit of Service is filed with the court

**LETTER: SERVICE BY PROCESS SERVER, SHERIFF, OR TRIBAL LAW
ENFORCEMENT**

My Name: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone Number: _____

Date: _____

Sheriff of the County of *(if serving by sheriff)*: _____
Process Server's Name *(if serving by process server)*: _____
Tribal Law Enforcement of *(if serving by tribal law enforcement)*: _____
Mailing Address: _____
City, State, Zip Code: _____

Re: Name of Person to Be Served: _____
Court Case Number: _____ DO _____

To whom it may concern:

Please find enclosed a copy of the following documents to be served on the person named above in the court case referenced above:

Details about the Other Party:

During the workday, the other party can usually be found at: ☐ Home ☐ Work ☐ Other

Home Address: _____
City, State, Zip Code: _____

Work Address: _____
City, State, Zip Code: _____

Other Address: _____
City, State, Zip Code: _____
Or other description of location: _____

Physical Description:

Sex	Race	Birth	Height	Weight	Eyes	Hair	SSN
Additional Description:							

Description of the Other Party's Vehicle:

Make	Model	Year	Color
Additional Description:			

- ☐ I enclose \$_____ in payment for service of process.
- ☐ I understand I will be billed for service of process.
- ☐ I enclose a certified copy of a court order waiving or deferring the fee.

Please note that each document served must be named in the Affidavit of Service.

Thank you for your assistance.

My Signature: _____

INSTRUCTIONS: SERVICE BY CERTIFIED MAIL

1.	Get your copies together You need one copy of each document you filed with the court.
2.	Take them to the post office Ask the post office to mail them “certified mail, restricted delivery to the addressee, with a return receipt”. The post office will send you a “green card” showing they were delivered.
3.	Fill out and file the Affidavit of Service by Certified Mail with the court Attach the green card to it.

Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone Number: _____
Representing Self _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner: _____ Case Number: DO _____

AFFIDAVIT OF SERVICE BY
CERTIFIED MAIL

Respondent: _____

On this date: _____, I mailed the following legal papers in this case through certified mail, with delivery restricted to the other party:

I mailed the papers to this address: _____

On this date: _____, I received the receipt signed by the other party (attached), showing that the other party received the forms on this date: _____

My Signature: _____

State of Arizona)

)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal:

Notary Public: _____

Notary Expiration Date: _____

(Attach green card here.)

INSTRUCTIONS: SERVICE BY PUBLICATION

1.	<p>Try to find the other party</p> <p>You must make a diligent effort to find the other party, including such means as:</p> <ul style="list-style-type: none">• Asking for the other party's whereabouts from his/her co-workers, friends, and relatives• Examining phone company records• Examining utility company records• Examining records kept by the county treasurer• Examining records kept by the county recorder or similar agency• Employing companies that do computer searches to help you locate the other party if you know the other party's date of birth and/or social security number <p>If you find the party, you must use one of the other service methods.</p>
2.	<p>Find a newspaper</p> <p>If the other party's last known address is in Coconino County: Publish in a newspaper in Coconino County.</p> <p>If it's in Arizona but not in Coconino County: Publish in 1) a newspaper in Coconino County and 2) a newspaper in the county of the other party's last known address.</p> <p>If it's outside of Arizona: Publish in a newspaper in Coconino County.</p> <p>If there is no newspaper in the county where you need to publish, publish in a newspaper in a neighboring county. Newspapers are listed in the Yellow Pages. The phone number for the <i>Arizona Daily Sun</i> in Coconino County is 928-556-2280.</p>
3.	<p>Call the newspaper(s)</p> <ul style="list-style-type: none">• Tell them you need to publish a legal notice once a week for four weeks in a row.• Ask how much it will cost.• Ask them to mail you a publisher's affidavit. (This shows that the publication happened.)• Ask them to mail you a copy of the legal notice that gets published. (If they don't provide this service, cut it out of the newspaper yourself.)

<p>4.</p>	<p>Fill out the Letter: Service by Publication and mail or hand-deliver it to the newspaper(s)</p> <p>Also include:</p> <ul style="list-style-type: none"> • A copy of the court order setting a court date (for example, the Notice of Hearing or the Order to Appear) • One of the following: <ul style="list-style-type: none"> ○ a check or money order for the cost of publication ○ a certified copy of the Order from the court waiving the publication costs <p>Keep a copy of everything for your records.</p>
<p>5.</p>	<p>After the last date of publication: Fill out the Affidavit of Service by Publication and file it with the court</p> <p>Attach the original publisher's affidavit from each newspaper and one copy of each newspaper's notice.</p>

LETTER: SERVICE BY PUBLICATION

My Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____

Date: _____

Name of Newspaper: _____

Mailing Address: _____

City, State, Zip Code: _____

Re: Case Number: DO_____

To Whom It May Concern:

I am enclosing a copy of the court order setting a court date in this court case. Please publish this order once a week for four weeks in a row. I also enclose the following.

[] A check or money order for \$_____ for the cost of the publication

[] A certified copy of the Order from the court waiving the publication costs

Please call me at the number above to tell me when the first publication will happen. When all four weeks of publication have been completed, please send me the original publisher's affidavit.

Thank you,

My Signature: _____

Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner: _____ Case Number: DO_____

AFFIDAVIT OF SERVICE BY
PUBLICATION

Respondent: _____

Service by publication is the best way to notify the other party of the court date set in this case because I do not know where the other party lives. I have not mailed the other party copies of my request for a court date. As far as I know, the other party is not in U.S. military service. Here's what I did to try to find the other party:

I had the court order setting a court date published in the following newspaper(s):

Name of Newspaper	Name of County in Arizona

once a week for four weeks in a row, on the following dates:

1. _____ 2. _____ 3. _____ 4. _____

Each publisher's affidavit and a copy of the notice as published are attached.

Petitioner's Signature: _____

State of Arizona)

County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal: _____ Notary Public: _____

Notary Expiration Date: _____

Do not file this form until after the court signs your decree or order (see the Instructions).

Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Phone Number: _____
Representing Self _____

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

Petitioner: _____ Case Number: DO _____

AFFIDAVIT OF DELIVERY

Respondent: _____

I am the ☐ Petitioner or ☐ Respondent.

On this date: _____, I mailed or hand-delivered the following forms
signed by the court:

1. _____ 3. _____
2. _____ 4. _____

to the other party/the other party's attorney at this address:

Certificate of Service: I will ☐ mail or ☐ hand-deliver a copy of this document to the other party on
the day I file it.

I have read this Affidavit. It is true and complete to the best of my knowledge.

*Sign in front of a notary. Notaries are at the Self-Help Center in the Courthouse and at most banks or
listed in the Yellow Pages. The person signing must bring photo ID. Notaries usually charge a fee.*

Signature: _____

State of Arizona)
)
County of _____)

Subscribed and sworn before me this date: _____ by: _____

Seal: Notary Public: _____
Notary Expiration Date: _____